FORM D

UNITED STATES SEC Mail Processing Washington, D.C. 20549

Section

FORM D

AUG 13 2008 NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR Washington HPORM LIMITED OFFERING EXEMPTION

/ 57 6 OMB/	APPROVAL
Expires: Estimated avera	3235-0076 August 31, 2008 ge burden 16.00
SEC	USE ONLY
Prefix	Serial
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DATE	RECEIVED
	I

Name of Offering (C	heck if this is an amendr	ment and name l	has changed, and ir	ndicate change.)			
Limited Partnership Interes	sts in Aristos Capital P	artners II, LP					
Filing Under (Check box(es)	that apply):] Rule 504	☐ Rule 505	☑ Rule 506	Section 4(6)	ULOE	
Type of Filing: No	ew Filing	Amendment					
	_	A. BASIC	DENTIFICAT	ION DATA		81 1836 ACOOL BURY ACOOL BURY ACOOL BURY ACOO	
1. Enter the information re	equested about the issue	er					
Name of Issuer	eck if this is an amendr	ent and name h	as changed, and in	dicate change.	11111111		
Aristos Capital Partners II,	LP						
Address of Executive Offices	3		(Number and Stree	et, City, State, Zip Co	ode) Telephone	Number (Including Area Code)	
c/o Aristos Capital, LLC, 1	251 Avenue of the Ame	ericas, Suite 23	70, New York, NY 1	0020			
Address of Principal Offices			(Number and Street	et, City, State, Zip Co	ode) Telephone	Number (Including Area Code)	
(if different from Executive O	ffices)					PROCESSED	
Brief Description of Business	s: private investm	ent company			A	1 1 2000	
Tugo of Business Organizati						C SEP I I ZUUO	
		☑ limited a	artnerebin plready	formad	Clother (pleases	AMERICAN DELITERS	
= '			• • • •		C office (blease	HOMOOM KEGIZKA	
	1035 (1031				 _		
Actual or Estimated Date of	Incorporation or Organiz	ation:	Month 1 1	• Yea		Actual	
Jurisdiction of Incorporation	or Organization: (Enter	two-letter U.S. F	ostal Service Abbre	eviation for State;	-	 _	
	A. BASIC IDENTIFICATION DATA Inter the information requested about the issuer check if this is an amendment and name has changed, and indicate change. 08058096						

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

not required to respond unless the form displays a currently valid OMB control number. A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: □ Promoter ■ Beneficial Owner ■ Executive Officer □ Director ☑ General and/or Managing Partner Full Name (Last name first, if individual): **Aristos Capital, LLC** Business or Residence Address (Number and Street, City, State, Zip Code): c/o Aristos Capital, LLC, 1251 Avenue of the Americas, Suite 2370, New York, NY 10020 Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual): Aristos Capital Management, LLC (Investment Manager) Business or Residence Address (Number and Street, City, State, Zip Code): c/o Aristos Capital, LLC, 1251 Avenue of the Americas, Suite 2370, New York, NY 10020 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual): Woodard, Nelson P., Ph. D. Business or Residence Address (Number and Street, City, State, Zip Code): c/o Aristos Capital, LLC, 1251 Avenue of the Americas, Suite 2370, New York, NY 10020 Check Box(es) that Apply: ☐ Beneficial Owner ☐ Promoter □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual): Shimunov, Lenny B. Business or Residence Address (Number and Street, City, State, Zip Code): c/o Aristos Capital, LLC, 1251 Avenue of the Americas, Suite 2370, New York, NY 10020 Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual): Peng, Jeffrey K. Business or Residence Address (Number and Street, City, State, Zip Code): c/o Aristos Capital, LLC, 1251 Avenue of the Americas, Suite 2370, New York, NY 10020 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual): Jaeger, Raymond Business or Residence Address (Number and Street, City, State, Zip Code): c/o Aristos Capital, LLC, 1251 Avenue of the Americas, Suite 2370, New York, NY 10020 Check Box(es) that Apply: □ Promoter ■ Beneficial Owner □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual): Jagai, Lloyd Business or Residence Address (Number and Street, City, State, Zip Code): c/o Aristos Capital, LLC, 1251 Avenue of the Americas, Suite 2370, New York, NY 10020 Check Box(es) that Apply: ☐ Promoter □ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual): Springview Group, LLC Business or Residence Address (Number and Street, City, State, Zip Code): c/o Aristos Capital, LLC, 1251 Avenue of the Americas, Suite 2370, New York, NY 10020 Check Box(es) that Apply: □ Promoter ■ Beneficial Owner □ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual): Fortis Bank (Cayman) Ltd. as Custodian of SMC Alternative Strategies Fund, LLC Business or Residence Address (Number and Street, City, State, Zip Code): c/o Aristos Capital, LLC, 1251 Avenue of the Americas, Suite 2370, New York, NY 10020 Check Box(es) that Apply: ☐ Promoter □ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual):

K2 Emerging Partners Fund, LP

Business or Residence Address (Number and Street, City, State, Zip Code): York, NY 10020

c/o Aristos Capital, LLC, 1251 Avenue of the Americas, Suite 2370, New

	B. INFORMATION ABOUT OFFERING													
1. H	as the issue	r sold, or o	does the is	suer inten			edited inve endix, Co					☐ Yes	⊠ No	
2. V	/hat is the m	inimum in	vestment t	hat will be	accepted	from any i	ndividual?				••••••	\$1,000,000 (may be waived)		
3. [Does the offering permit joint ownership of a single unit?										□ No			
a c a	any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Full Name (Last name first, if individual) N/A														
Business or Residence Address (Number and Street, City, State, Zip Code)														
Name	of Associate	ed Broker o	or Dealer											
	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)										☐ All States			
[A]			[AR]		•					☐ [GA]	☐ [HI]	□ [ID]	_	
	□ [IN]	☐ [IA]	[KS]	□ [KY]	[LA]	[ME]	☐ [MD]	[MA]	[MI]	☐ (MN)	☐ [MS]	□ [MO]		
☐ [M] [NE]	[NV]	□ [NH]	□ [NJ]	□ [NM]	[YN]	☐ [NC]	□ [ND]	□ [OH]	□ (OK)		☐ [PA]		
☐ [RI		☐ [SD]	[TN]	□ [τχ]			□ [VA]	□ [WA]	□ [WV]	□ [WI]	□ [WY]	☐ [PR]		
Full N	ıme (Last na	ıme first, if	individual)				***						
Busine	ss or Reside	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip	Code)					· · · · · · · · · · · · · · · · · · ·		
Name	of Associate	ed Broker o	or Dealer							-				
	in Which Pe Check "All Si												☐ All States	
□ (AÌ			□ [AR]		•						□ (HI)			
	☐ (IN)	□ [IA]	☐ [KS]	□ [KY]	□ [LA]	[ME]	[MD]	[MA]	[MI]	□ [MN]	☐ [MS]	[MO]		
[M]] [NE]	□ [NV]	□ [NH]	[NJ]	□ [NM]	□ [NY]	☐ [NC]	□ [ND]	□ [OH]		□ [OR]	[PA]		
☐ [RI	☐ [SC]	☐ [SD]	[MT]	□ [ТХ]			□ [VA]	□ [WA]	□ [WV]		□ [WY]	□ (PR)		
Full N	ıme (Last na	ıme first, if	individual)		·								
Busine	ss or Reside	ence Addre	ess (Numb	er and Str	eet, City, S	State, Zip	Code)				<u> </u>			
Name	of Associate	d Broker o	or Dealer											
	in Which Pe Check "All Si												☐ All States	
[Al			[AR]								[HI]	□ [ID]		
		□ [IA]		[KY]		_	☐ [MD]			_	☐ [MS]	[MO]		
[M⁻] [NE]	□ [NV]	□ [NH]	□ [NJ]	[NM]	□ [NY]		□ [ND]	□ [OH]		□ [OR]	□ [PA]		
☐ [RI		□ [SD]	[מדן]	□ [TX]	[עזן]	[[VT]	□ (VA)	[WA]	□ [WV]	□ [WI]		☐ (PR)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

١.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and				
	already exchanged.		Aggregate		Amount Already
	Type of Security		Offering Price		Sold
	Debt	<u>\$</u>	0	<u>\$</u>	
	Equity	<u>\$</u>	0	\$	
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$	0	\$	· · · · · · · · · · · · · · · · · · ·
	Partnership Interests	\$	100,000,000	\$	27,100,000
	Other (Specify))	\$	0	\$	
	Total	<u>\$</u>	100,000,000	\$_	27,100,000
	Answer also in Appendix, Column 3, if filing under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				A
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		8	\$	27,100,000
	Non-accredited Investors		0	<u>\$</u>	0
	Total (for filings under Rule 504 only)		0	<u>\$</u>	0
	Answer also in Appendix, Column 4, if filing under ULOE				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C—Question 1.				
	Type of Offering		Types of Security		Dollar Amount Sold
	Rule 505		N/A	s	00.0
	Regulation A		N/A	s	
	·		N/A		
	Rule 504			. 💃	
	Total		N/A		
).	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		🗆	<u>\$</u>	0
	Printing and Engraving Costs		🗖	\$	0
	Legal Fees		🛛	\$	16,069
	Accounting Fees		🗖	\$	0
	Engineering Fees		🛮	\$	0
	Sales Commissions (specify finders' fees separately)		🖸	\$	0
	Other Expenses (identify)		🛮	\$	0
	Total		🗆	\$	16,069

	C. OFFERING PRICE, NUMBER	R OF INVESTORS, EXPE	NSES A	ND USE OF PR	OCEEDS	<u> </u>
4	b. Enter the difference between the aggregate offering pr Question 1 and total expenses furnished in response to Pa "adjusted gross proceeds to the issuer."	rt C-Question 4.a. This differer	nce is the		<u>\$</u>	99,983,931
5	Indicate below the amount of the adjusted gross proceeds to used for each of the purposes shown. If the amount for any estimate and check the box to the left of the estimate. The the adjusted gross proceeds to the issuer set forth in respo	to the issuer used or proposed t y purpose is not known, furnish total of the payments listed mu	o be an st equal	Payments to Officers, Directors & Affiliates		Payments to Others
	Sataries and fees			\$	_ 🗆	\$
	Purchase of real estate			\$	0	\$
	Purchase, rental or leasing and installation of machi	inery and equipment		\$	🗆	\$
	Construction or leasing of plant buildings and faciliti	es		\$	_ 0	\$
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset pursuant to a merger	s or securities of another issuer		\$	🗆	\$
	Repayment of indebtedness			\$	_ 🗆	\$
	Working capital			\$	🗆	\$ 99,983,931
	Other (specify):			\$	□	\$
				\$	□	\$ 99,983,931
	Column Totals			\$	_ 🗆	\$
	Total payments Listed (column totals added)				99.98	3.931
). FEDERAL SIGNATUR	RE			
COI	is issuer has duly caused this notice to be signed by the und nstitutes an undertaking by the issuer to furnish to the U.S. S the issuer to any non-accredited investor pursuant to paragr	Securities and Exchange Comm	n. If this no ission, upo	otice is filed under Runn written request of i	ule 505, the ts staff, the	following signature information furnished
	istos Capital Partners II, L.P.	Signature Land Ing	~		Date Au	gust 13,2008
		Fitle of Signer (Print or Type)				
Líc	byd Jagai /	Authorized Person			- ,, i · · · · · · · · · · · · · · · · · 	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE									
1.	Is any party described in 17 CFR 230.262 pr provisions of such rule?	esently subject to any of the disqualification								
	See	e Appendix, Column 5, for state response.								
2.	The undersigned issuer hereby undertakes t (17 CFR 239.500) at such times as required	o furnish to any state administrator of any state in which the by state law.	nis notice is filed a notice on Form D							
3.	The undersigned issuer hereby undertakes to	o furnish to the state administrators, upon written request,	information furnished by the issuer to offerees.							
4.		ssuer is familiar with the conditions that must be satisfied notice is filed and understands that the issuer claiming the en satisfied.								
	suer has read this notification and knows the colized person.	ntents to be true and has duly caused this notice to be sig	ned on its behalf by the undersigned duly							
Issuer (Print or Type)Aristos Capital Partners_IL;PL.:Pure		Signature Lland I na	Date OAugust 13, 2008							
Name	of Signer (Print or Type)	Title of Signer (Print or Type)								

Authorized Person

Instruction:

Lloyd Jagai

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				APF	PENDIX							
1	2	2	3			4		5				
	Intend to non-ad investors (Part B -	in State	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and amount purchased in State (Part C – Item 2)							
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Accredited Non-Accredited							
AL												
AK												
AZ												
AR												
CA												
co												
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DE		X	\$100,000,000	2	\$9,500,000	0	. \$0		х			
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				API	PENDIX						
1	- 2	2	3			4			 ;		
	Intend to non-ad investors (Part B -	ccredited in State	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and Amount purchased in State (Part C – Item 2)						
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
NY		х	\$100,000,000	1	\$12,500,000	0	\$0		x		
NC											
ND											
ОН											
ок											
OR			•								
PA		х	\$100,000,000	1	\$2,500,000	0	\$0		х		
RI								_			
sc											
SD											
TN		×	\$100,000,000	2	\$1,600,00	0	\$0		х		
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UT											
VT											
VA											
WA											
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